

JS 44 (Rev. 04/21)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Robin Wilson

(b) County of Residence of First Listed Plaintiff Delaware
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Stuart A. Winegrad, Esquire, Tel. 215-735-5599
1600 Market Street, Ste. 1610, Philadelphia, PA 19103

DEFENDANTS

Monia Mallian, United States of America, United States

Postal Service John doe ABC Corp. et al.

County of Residence of First Listed Defendant Philadelphia

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input checked="" type="checkbox"/> 355 Motor Vehicle <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 INTELLECTUAL PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSDI Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Recapturement <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C. 2671

Brief description of cause:
personal injury and medical expenses

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No**VIII. RELATED CASE(S) IF ANY**

(See Instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

8/16/2022

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

BEZARK LERNER & DEVIRGILIS, P.C.

By: Stuart A. Winegrad, Esquire

Identification No.: 77502

1600 Market Street, Suite 1610

Philadelphia, PA 19103

(215) 735-5599

Attorney for Plaintiff

ROBIN WILSON

VS.

MONIA MALLIAN, UNITED STATES
OF AMERICA, UNITED STATES POSTAL
SERVICE, JOHN DOE 1-10 AND ABC
CORP. 1-10 (names being fictitious as true
Identities are unknown as this time)

: UNITED STATE DISTRICT COURT
: EASTERN DISTRICT OF PENNSYLVANIA
:
:
:

: Civil Action No.
:
:

: **COMPLAINT**
: **AND**
: **JURY DEMAND**
:
:

Plaintiff, ROBIN WILSON, by and through the undersigned attorneys, alleges as follows:

FIRST COUNT

1. This action is brought pursuant to the Federal Tort Claims Act, 28 U.S.C.A. §§2671 et seq. This Court is vested with jurisdiction pursuant to 28 U.S.C.A. §1346(b).

2. Plaintiff, Robin Wilson, is a resident of Delaware County, Commonwealth of Pennsylvania, within the United States District Court, Eastern District of Pennsylvania. Venue is therefore proper in this Court

3. On August 17, 2022, Defendant, Monia Mallian (hereinafter referred to as "Defendant" or "Mallian"), was operating a United States Postal Service vehicle as an employee and agent of the United States Postal Service (USPS) within the course and scope of her employment.

4. Defendant, United States of America and United States Postal Service (hereinafter referred to as "Defendant" or "United States"), are responsible for the acts and omissions of Defendant, Monia Mallian and other agents of the United States Postal Service under the doctrine of

respondeat superior.

5. Fictitiously named Defendants herein, who are agents and employees of the United States Postal Service, were responsible for the training of Defendant, Monia Mallian, and were acting in the course and scope of their duties and employment and were negligent in failing to properly train Defendant, Monia Mallian, and were negligent in failing to promulgate and properly monitor and enforce safe driving procedures.

6. On or about August 17, 2020, Plaintiff, Robin Wilson was operating a motor vehicle at or near the intersection of Island Avenue and Enterprise Avenue in Philadelphia, Pennsylvania, when suddenly, and without warning, Defendant, Monia Mallian, while completing a U-turn caused the vehicle she was driving to come into collision with the vehicle being operated by Plaintiff, Robin Wilson, causing Plaintiff to suffer severe and serious injuries more particularly described herein below.

7. This accident resulted solely from the negligence and carelessness of the Defendants herein and was due in no manner whatsoever to any act or failure to act on the part of the Plaintiff.

8. At the time aforesaid, the negligence and carelessness of Defendant, Mallian, and, by operation of law, Defendant, United States of America and United States Postal Service, consisted of the following:

- (a) Operating the vehicle at a speed which was excessive under the circumstances;
- (b) Failing to maintain a proper lookout;
- (c) Failing to maintain proper and adequate control over the operation of the motor vehicle;
- (d) Operating the vehicle at a speed greater than would permit her to stop within the assured clear distance;

(e) Operating her vehicle without due regard for the rights, safety and position of the Plaintiff's vehicle at the point aforesaid;

(f) Failing to comply with the statutes and ordinances pertaining to vehicular traffic on the highways of the Commonwealth of Pennsylvania, including but not limited to **75 Pa.C.S.A. 3301 and 75 Pa.C.S.A. § 3331**;

(g) Failing to slow, stop or swerve her vehicle when she knew, or in the exercise of reasonable care should have known, that unless she did so, she would strike Plaintiff's vehicle; and

9. As a result of this accident, Plaintiff, Robin Wilson, has suffered injuries which are or may be serious and permanent, including, but not limited to, cervical sprain and strain with segmental dysfunction and pain, thoracic sprain and strain with segmental dysfunction and pain, lumbar sprain and strain with segmental dysfunction and pain, left shoulder sprain and strain, protrusion at T12-L1 and protrusion at L5-S1, muscle spasms, and other bruises, contusions and/or abrasions of various portions of her body; severe damage to her nerves and nervous system, and various other ills and injuries.

10. As a further result of this accident, Plaintiff, Robin Wilson, has been obliged to receive and undergo medical attention and care and to incur various expenses described in 75 Pa.C.S.A. 1701 et seq., for the injuries she suffered and she may be obliged to continue to expend such sums or incur such expenditures for an indefinite time in the future, for which a claim is hereby made.

11. As a further result of this accident, Plaintiff, Robin Wilson, has or may suffer a severe loss of earnings and impairment of earning capacity and power, which such loss of income and/or impairment of earning capacity or power has or may exceed the sum recoverable under the limitations in 75 Pa.C.S.A. § 1701 et seq.

12. As a direct and reasonable result of the accident aforementioned, Plaintiff, Robin

Wilson has or may hereafter incur other and further financial expenses or losses which do or may exceed amounts to which she may otherwise be entitled to recover.

13. As a further result of the accident aforementioned, Plaintiff, Robin Wilson has suffered severe physical pain, mental anguish and humiliation and may continue to suffer same for an indefinite time in the future.

14. On or about February 7, 2022, Plaintiff submitted to the Chief Counsel, USPS National Torts Center, 1720 Market Street, Suite 2400, St. Louis, MO 63155, the proper claim for damages and injury in a completed and signed Standard Form 95, a copy of which is attached to this Complaint as Exhibit "A." The claim properly sets out the information required, including the nature and extent of Plaintiff's injuries, and was submitted in the amount of \$75,000.00.

15. Defendants have refused, neglected and otherwise denied the claim by inaction.

WHEREFORE, Plaintiff, Robin Wilson demands judgment of the Defendants, jointly and/or severally or in the alternative for bodily injury damages including but not limited to medical costs, expenses, interest and costs of suit, and such other relief as the Court deems just and proper.

JURY DEMAND

Plaintiff demands trial by jury.

BEZARK LERNER & DEVIRGILIS, P.C.

BY: 

STUART A. WINEGRAD, ESQUIRE
Attorney for Plaintiff

EXHIBIT “A”



BEZARK LERNER & DE VIRGILIS PC

BRIAN R. BEZARK
ERIC I. LERNER
JOHN DeVIRGILIS
STUART A. WINEGRAD*

*ALSO MEMBER NJ BAR

BRUCE W. MILLER
OF COUNSEL

February 7, 2022

E-mail: swinegrad@bldvlaw.com

Chief Counsel, Torts
General Law Service Center
USPS National Tort Center
1720 Market St., Room 2400
St. Louis, MD 63155

RE: Our Client: Robin Wilson
Date of Accident: 8/17/20
Accident Location: Island Ave. and Enterprise Ave., Philadelphia

Dear Sir/Madam:

Please be advised that this office has been retained to represent Ms. Robin Wilson in connection with the above-dated motor vehicle accident. Enclosed please find a completed and executed Claim for Damage, Injury, or Death (Standard Form 95) and demand for resolution.

For your review I have enclosed my client's items of special damages as follows:

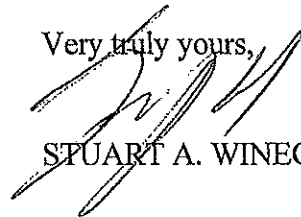
- | | |
|--|-------------|
| 1) Urgent Care Patient First
8/19/20
OUTSTANDING BALANCE - \$10.00 | \$ 177.76 |
| 2) Dr. Brett Cardonick – University City Med Center
8/27/20 – 5/20/21
OUTSTANDING BALANCE - \$11,090.00 | \$21,415.00 |
| 3) Open MRI of Bala Cynwyd
1/14/21 – MRI Lumbar Spine
OUTSTANDING BALANCE - \$2,050.00 | \$ 2,050.00 |

Chief Counsel, Torts
General Law Service Center
Re: Our Client: Robin Wilson
February 7, 2022 – Page Two

Also enclosed are copies of the Incident Report and the first-party benefit exhaustion letter from AAA Insurance. Claimant's demand in this case is \$75,000.00.

I look forward to your response. Please do not hesitate to contact me with any questions or concerns.

Very truly yours,



STUART A. WINEGRAD

SAW/klm
Enclosures

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS
Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

Chief Counsel, Torts
General Law Service Center
USPS National Tort Center
1720 Market St., Room 2400
St. Louis, MO 63155

2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

Robin Wilson
c/o Stuart Winegrad, Esquire
1600 Market St., Ste. 1610
Philadelphia, PA 19103

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

6/5/1964

5. MARITAL STATUS

Single

6. DATE AND DAY OF ACCIDENT

8/17/2020

7. TIME (A.M. OR P.M.)

6:10 P.M.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

Maria Mallian, while operating a US Postal Service vehicle, made a U-turn into the motor vehicle operated by Robin Wilson at the intersection of Island Avenue and Enterprise Avenue. See Incident Report.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

Geraldine Wilson, 2121 Cobbs Creek Parkway, Philadelphia, PA 19142

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

None claimed by Robin Wilson.

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Robin Wilson has sustained injuries including eccentric disc protrusion toward right neural foramen at L5/S1, cervical strain and sprain with segmental dysfunction and pain, thoracic strain and sprain with segmental dysfunction and pain. lumbar strain and sprain with segmental dysfunction and pain, left shoulder strain and sprain. Outstanding medical bills of \$11,090.00.

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

Maria Mallian
Claimant

Paschall Post Office, 7300 Lindbergh Blvd., Philadelphia, PA 19153
806 Felton Avenue, Sharon Hill, PA 19079

12. (See instructions on reverse).

AMOUNT OF CLAIM (In dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

None claimed.

\$75,000.00

None.

\$75,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

215-735-5599

2/7/2022

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Geraldine Wilson

AAA Insurance, P.O. Box 24523, Oakland, CA 94623

Claim No.: 1003-89-7086

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

AAA seeks to subrogate against the responsible party.

None.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

USE THE FOLLOWING SECTION TO RECORD VEHICLE NUMBER 2, PEDESTRIAN, OR OTHER PROPERTY

IF MORE VEHICLES/PEDESTRIANS/OCCUPANTS ARE INVOLVED USE ADDITIONAL REPORTS

Insurance Information	Company <u>CSAA General Insurance</u>	Insurance Information	Company
Unit 1	Policy No. <u>PASS-202756740</u>	Unit 2	Policy No.



August 17, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 816847218498

Delivery Information:

Status:	Delivered	Delivered To:	
Signed for by:	K.IM	Delivery Location:	
Service type:	FedEx Express Saver		
Special Handling:	Deliver Weekday		SAINT LOUIS, MO,
		Delivery date:	Feb 10, 2022 12:04

Shipping Information:

Tracking number:	816847218498	Ship Date:	Feb 7, 2022
		Weight:	
Recipient:		Shipper:	
SAINT LOUIS, MO, US,		PHILADELPHIA, PA, US,	

Reference	WILSON ROBIN 8/17/20
------------------	----------------------

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Thank you for choosing FedEx



BEZARK LERNER & DE VIRGILIS PC

BRIAN R. BEZARK
ERIC I. LERNER
JOHN DeVIRGILIS
STUART A. WINEGRAD*

*ALSO MEMBER NJ BAR

BRUCE W. MILLER
OF COUNSEL

February 7, 2022

E-mail: swinegrad@bldvlaw.com

Chief Counsel, Torts
General Law Service Center
USPS National Tort Center
1720 Market St., Room 2400
St. Louis, MD 63155

RE: Our Client: Robin Wilson
Date of Accident: 8/17/20
Accident Location: Island Ave. and Enterprise Ave., Philadelphia

Dear Sir/Madam:

Please be advised that this office has been retained to represent Ms. Robin Wilson in connection with the above-dated motor vehicle accident. Enclosed please find a completed and executed Claim for Damage, Injury, or Death (Standard Form 95) and demand for resolution.

For your review I have enclosed my client's items of special damages as follows:

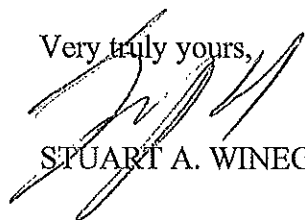
- | | |
|--|-------------|
| 1) Urgent Care Patient First
8/19/20
OUTSTANDING BALANCE - \$10.00 | \$ 177.76 |
| 2) Dr. Brett Cardonick – University City Med Center
8/27/20 – 5/20/21
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1/14/21 – MRI Lumbar Spine
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Chief Counsel, Torts
General Law Service Center
Re: Our Client: Robin Wilson
February 7, 2022 – Page Two

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STUART A. WINEGRAD

SAW/klm
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OMB NO. 1105-0008

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Chief Counsel, Torts
General Law Service Center
USPS National Tort Center
1720 Market St., Room 2400
St. Louis, MO 63155

2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

Robin Wilson
c/o Stuart Winegrad, Esquire
1600 Market St., Ste. 1610
Philadelphia, PA 19103

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

6/5/1964

5. MARITAL STATUS

Single

6. DATE AND DAY OF ACCIDENT

8/17/2020

7. TIME (A.M. OR P.M.)

6:10 P.M.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

Maria Mallian, while operating a US Postal Service vehicle, made a U-turn into the motor vehicle operated by Robin Wilson at the intersection of Island Avenue and Enterprise Avenue. See Incident Report.

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

Geraldine Wilson, 2121 Cobbs Creek Parkway, Philadelphia, PA 19142

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See instructions on reverse side).

None claimed by Robin Wilson.

10. PERSONAL INJURY/WRONGFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Robin Wilson has sustained injuries including eccentric disc protrusion toward right neural foramen at L5/S1, cervical strain and sprain with segmental dysfunction and pain, thoracic strain and sprain with segmental dysfunction and pain, lumbar strain and sprain with segmental dysfunction and pain, left shoulder strain and sprain. Outstanding medical bills of \$11,090.00.

11. WITNESSES

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

Maria Mallian
Claimant

Paschall Post Office, 7300 Lindbergh Blvd., Philadelphia, PA 19153
806 Felton Avenue, Sharon Hill, PA 19079

12. (See instructions on reverse).

AMOUNT OF CLAIM (In dollars)

12a. PROPERTY DAMAGE

None claimed.

12b. PERSONAL INJURY

\$75,000.00

12c. WRONGFUL DEATH

None.

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$75,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

[Signature] (attorney)

13b. PHONE NUMBER OF PERSON SIGNING FORM

215-735-5599

14. DATE OF SIGNATURE

2/7/2022

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Geraldine Wilson

AAA Insurance, P.O. Box 24523, Oakland, CA 94623

Claim No.: 1003-89-7086

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No

AAA seeks to subrogate against the responsible party.

17. If deductible, state amount.

None.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in Item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

FedEx Express **Package US Airbill** **FedEx Tracking Number** 8168 4721 8498

Form ID No. 0215

From Please print and press hard.

Date 2/7/22 **Sender's FedEx Account Number** 1085 0953 48 **SENDER'S FedEx Account Number** 1085 0953 48

Sender's Name Stuart Winegrad **Phone** 215,735 5599

Company BEZARK LERNER & DEVIRGILIS PC

Address 1600 MARKET ST STE 1610 **Dept./Room/Suite/Room**

City PHILADELPHIA **State** PA **ZIP** 19103-7240

Your Internal Billing Reference WILSON, ROBIN 8/17/20
First 24 characters will appear on invoice

To Recipient's Name Chief Counsel, Torco General Law Service Center **Phone**

Company USPS National Torco Center

Address 1720 Market St, Ste 2400 **Dept./Room/Suite/Room**

Address St. Louis **City** St. Louis **State** MD **ZIP** 63155

0137598999

Hold Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.



4 Express Package Service *To most locations. **Packages up to 150 lbs.** For packages over 150 lbs., use the FedEx Express Freight US Airbill.

Next Business Day **2nd Business Day**

☐ **FedEx First Overnight** Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ **FedEx Priority Overnight** Next business morning. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ **FedEx Standard Overnight** Next business afternoon. Saturday Delivery NOT available.

☐ **FedEx 2Day A.M.** Second business morning. Saturday Delivery NOT available.

☐ **FedEx 2Day** Second business afternoon. Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

☒ **FedEx Express Saver** Third business day. Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

☒ **FedEx Envelope** ☐ **FedEx Pak** ☐ **FedEx Box** ☐ **FedEx Tube** ☐ **Other**

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

☐ **Saturday Delivery** NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ **No Signature Required** Package may be left without obtaining a signature for delivery.

☒ **Direct Signature** Someone at recipient's address may sign for delivery.

☐ **Indirect Signature** If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods? One box must be checked.

☒ **No** ☐ **Yes** As per attached Shipper's Declaration. ☐ **Yes** Shipper's Declaration not required. ☐ **Dry Ice** Dry Ice, 9, UN 1845 x kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide. ☐ **Cargo Aircraft Only**

7 Payment Bill to: This airbill can be used only when billing to a FedEx account number. For cash, check, or credit card transactions, please go to a staffed shipping location.

☒ **Sender** Account No. in Section 1 will be billed. ☐ **Recipient** ☐ **Third Party**

Enter FedEx Acct. No. below

FedEx Acct. No.

Total Packages **Total Weight** **Total Declared Value***

lbs. \$.00

Your liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

Rev. Date 3/19 • Part #163131 • ©1994-2019 FedEx • PRINTED IN U.S.A.

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August 17, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 816847218498

Delivery Information:

Status:	Delivered	Delivered To:	
Signed for by:	K. IM	Delivery Location:	
Service type:	FedEx Express Saver		
Special Handling:	Deliver Weekday		SAINT LOUIS, MO,
		Delivery date:	Feb 10, 2022 12:04

Shipping Information:

Tracking number:	816847218498	Ship Date:	Feb 7, 2022
		Weight:	
Recipient:		Shipper:	
SAINT LOUIS, MO, US,		PHILADELPHIA, PA, US,	

Reference WILSON ROBIN 8/17/20

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Thank you for choosing FedEx